## **Administrator Verification of Compliance**

## Name of Administrator Division Department Telephone Number E-mail Address **Employee Name Date Confidentiality Notice Signed** Title (mm/dd/yyyy) (Last Name, First Name) I certify that every employee or contractual Agent under my authority that handles Michigan or federal tax return information has read and signed the Confidentiality Notice. Date Administrator Signature

Send this form to: Michigan Department of Treasury

Office of Policy Communications and Disclosure

430 W. Allegan Street Lansing, MI 48922

Attach additional sheets if needed.

Phone: (517) 335-0629 Fax: (517) 241-4742

e-mail: Treas\_Disclosure@michigan.gov